

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0109-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. B, MD
(Treating or Requesting)	

October 18, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedics. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Medical Director

CLINICAL HISTORY

____, who is now 44 years of age, injured her back on _____. At that time she was a food service worker and slipped and fell landing on her back and left shoulder.

The medical records indicate that the patient had neck and low back pain. Although the cervical MRI report from the year 2000 was not available for review, Dr. A, MD evaluated this patient on 11/13/01 at the request of the insurance carrier. He states that the lumbar MRI obtained 4/20/01 showed a degenerative spondylolisthesis at L4-5 and the cervical MRI performed on 12/29/00 showed mild degenerative changes without evidence of cervical disc protrusion. There is an MRI report from the 4/20/01 lumbar MRI read by the radiologist confirming Dr. A's interpretation. No radiology report for the cervical MRI was in the medical records presented for review.

The patient was initially treated conservatively. The low back problem was the primary focus of attention. This patient had lumbar laminectomy and discectomy performed by Dr. N, MD on 3/25/02 and a repeat surgical procedure on 9/27/02. Because of persistent pain on 3/21/03 Dr. W, MD performed a redo hemilaminectomy and discectomy at L4-5 with posterior interbody fusion, pedicle screw fixation and transverse process fusion at the L4-5 level.

Post operatively the patient had more therapy; however, she continued to have low back pain.

The patient came under the care of Dr. B, MD in 2003. The patient's neck pain became the focus of attention at that time. A repeat MRI of the cervical spine was obtained on 6/25/03 showing the 2mm disc bulge at C4-5 with mild disc desiccation at C4-5, C5-6 and C6-7. EMG and nerve conduction studies were performed on 5/23/04 by Dr. H, MD, PhD, which did not show any evidence of radiculopathy. The patient was noted to have moderate to severe bilateral carpal tunnel syndrome. The patient had one cervical epidural steroid injection on 10/7/03 by Dr. V, MD, which did not help.

This patient has had chronic pain. She has had pain management and extensive physical therapy and aqua therapy. At the present time Dr. B is contemplating surgical intervention at the C4-5 level. He is requesting discography of the entire cervical spine from C2-T1 prior to surgical intervention. There is no evidence of neurological compromise documented by any examiner of this patient.

REQUESTED SERVICE(S)

Cervical discogram with CT scan.

DECISION

Denied. The test requested is inappropriate in the current situation. Further, the disc protrusion noted on cervical MRI performed 6/26/03 was not present in a cervical MRI performed on 12/29/00. The 12/29/00 MRI was done subsequent to the work related injury. Since the disc protrusion was not present at that time, it was not caused by the work related injury. Therefore, further evaluation of this disc protrusion is also not indicated based upon the fact that there is documentation that it developed subsequent to the work related injury.

RATIONALE/BASIS FOR DECISION

This patient has a small disc protrusion at C4-5 with MRI evidence of mild disc desiccation at C4-5, C5-6 and C6-7. This MRI was obtained 6/26/03.

On 12/29/00, which was shortly subsequent to this patient's work related injury, an MRI was obtained that showed mild degenerative changes in the cervical spine. No disc protrusion was present. Therefore the current disc protrusion and the proposed surgical intervention for it that is the basis for the request to perform cervical discogram with CT scan are not work related.

Dr. B sites orthopedic knowledge update II as his academic justification for performing cervical discography and CT scan. This publication is old and has been out of print for many years. However, more recently E.J. Carragee from Stanford University has publications in "Spine" December 2000 and "Orthopedic Clinics of North America" January 2004. In both publications he questions the validity of concordant pain with discography. In the first article he found that pain response "may be amplified in those subjects with issues of chronic pain, social stressors such as secondary gain or litigation

claims or psychometric stress disorders.” The second article reiterates this point. It also shows that asymptomatic people with normal psychometric profiles and known abnormal discs will have pain 40 percent of the time with injection of these discs. Therefore simply because the patient has pain associated with discography of an abnormal disc does not mean that the disc is causing symptoms.

In conclusion, this patient with known disc desiccation of 3 levels, discography is an unreliable and unpredictable method of evaluating the need for surgical intervention. It is not indicated.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of October, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: